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<u>Certification Information Change Form</u>

Name Change: _____   Agency/Entity Change: _____   Retirement: _____
(If submitting a "Name Change" request, please attached verifying documentation)

Current Certification Type(s): CTP [ ] CTPM [ ] CTCM [ ] Certification #(s) _____ _____

Previous:
    Name: _____

    Agency/Entity Name: _____ Org.#_____

    Email Address: _____

Current:
    Name: _____ Phone #: _____

    Agency/Entity Name: _____ Org.#_____

    Agency/Entity Address: _____

    City/State/Zip: _____

    Email Address: _____

Comments: _____

_____

<u>PLEASE NOTE:</u> It is important that your certification records are kept current. Please make sure to update your "Training Profile": (1) https://cmblreg.cpa.state.tx.us/reg/index.cfm (2) Click on **RETURNING** Student Registration (3) At the top of the page, click on [Edit My User Information] (4) Make your changes and click on "Update Information" (5) Where it asks for "<u>Agency Authorized Funding Contact at Your Agency</u>" list someone in your accounting office responsible for the actual payment of your class.

Information collected by the (CPA) is used for maintenance of certification program records. By signing this document, you are verifying the accuracy of the information you provided on this form.

Signature: _____ Date: _____

Please email or fax this information to the TCP
Email Address: ctp@cpa.texas.gov
Fax #: (512) 475-0711